

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DaimlerChrysler Services
of N. A.
27777 Inkster Rd.
Southfield, Michigan
48334

2. Article Number

(Transfer from service label)

7005 0390 0001 6233 6683

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Chaffin

☐ Agent☒ Addressee

B. Received by (Printed Name)

C

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

1:05CV662
S. C. + amd. comp.

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Equifax Information Services LLC
c/o CSC Lawyers in Service Inc.
150 South Perry St.
Montgomery AL 36104

2. Article Number

(Transfer from service label)

7005 0390 0001 6233 6706

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

James S. Bellamy

☐ Agent☒ Addressee

B. Received by (Printed Name)

Agent for Canal & Howard, P.C.

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

1:05CV6612
S. C. + amd. comp.

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Experian
c/o The Corporation Co.
2000 Interstate Park Dr.
Suite 204
Montgomery AL 36109

2. Article Number

(Transfer from service label)

7005 0390 0001 6233 6713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shawson

☐ Agent☒ Addressee

B. Received by (Printed Name)

S. C. + amd. comp.

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

1:05CV662
S. C. + amd. comp.

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>A. Campbell</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>A. Campbell</i> C. Date of Delivery <i>1/8/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>1:05C0612</i> <i>S.C. & and cmp</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: <i>Cornelius Jenkins</i> <i>c/o Nimnicht Chevrolet</i> <i>1550 Cassat Ave</i> <i>Jacksonville FL 32204</i></p>			
<p>2. Article Number (Transfer from service label) <i>7005 0390 0001 6233 6621</i></p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <i>JAMES S. WILLIAMS</i> C. Date of Delivery <i>1/8/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>1:05C0612</i> <i>S.C. & and cmp</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: <i>Trans Union LLC</i> <i>c/o Prentice Hall Corp.</i> <i>Systems, Inc.</i> <i>150 South Perry St.</i> <i>Montgomery, AL 36104</i></p>			
<p>2. Article Number (Transfer from service label) <i>7005 0390 0001 6233 6690</i></p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540